

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		2		2			56						
7	1		1				57						
8		2		2			58						
9	1		1				59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		2		2			63						
14	1		1				64						
15		2		2			65						
16		2		2			66						
17		2		2			67						
18							68						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4				TOTAL IND.						
TOTAL DEP.	19		19				TOTAL DEP.						
TOTAL CLAIMS	23		23				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS